

Petroleum Mixing Zones

2011 Legislature Senate Bill 9

An Act Authorizing The Use Of Petroleum Mixing Zones In The Remediation And Resolution Of Petroleum Releases; Granting Rulemaking Authority

The Bill language may be viewed at:

<http://data.opi.mt.gov/bills/2011/billpdf/SB0009.pdf>

Proposed Administrative Rules Amendments

Currently Noticed:

<http://deq.mt.gov/dir/legal/hearing.mcp>

Written Comments due by: 5:00 p.m. October 6, 2011

Hearing: 10:00 a.m. September 28, 2011

Room 122, 1100 N Last Chance Gulch, Helena, MT

Objective:

**Facilitate Resolution of
Low-Risk Releases**

PMZs Must:

- **Protect present and long-term human health, safety, and the environment.**
- **Continue to remediate through natural attenuation without:**
 - **additional intervention**
 - **active cleanup**
 - **monitoring**

New Category

“Resolved with a PMZ”

“An area where water quality standards for petroleum and petroleum constituents may be exceeded.”

Similar to “Resolved,” but conditions of PMZ must be maintained.

RP receives “No Further Action” letter describing conditions to maintain the PMZ.

Does the RP need to monitor groundwater?

- **No, not unless:**
 - **There is a unique, overriding, site-specific, impact-related reason**
 - **Release is re-categorized as “Active”**
- **Monitoring wells may be removed.**

Why would a release be re-categorized as Active?

- **New information determining additional CA is necessary to protect human health and the Environment.**
- **Removal, alteration or failure to maintain PMZ**
 - **Institutional Controls**
 - **Engineering Controls, or**
 - **Physical Conditions**

PMZ Requirements

- **Complete Investigation**
- **Source Contamination & Free Product Removed**
- **Risk Evaluation – No Unacceptable Risks**
- **Required Corrective Actions Completed**
- **All Applicable Laws have been met**
- **Plume stable or shrinking**

PMZ Requirements

Continued

- **Downgradient boundary cannot exceed 500 ft from source.**
- **PMZ cannot extend to within 500 ft from water well or water body.**
- **Downgradient boundary must remain on facility property, unless:**
 - **a recorded easement allows it.**

PMZ Requirements

Continued

- **Institutional Controls, Engineering Controls, or Physical Conditions are in place to control risks.**
- **Deed notice placed on facility, describing:**
 - **Residual contamination**
 - **Controls & conditions that must be maintained**

What if RP wants to remove ICs and
Deed Notice down the road?

**The release can be re-categorized as “Resolved”
(without a PMZ) if all groundwater contaminants
fall below standards. ICs and Deed Notice can then
be removed.**

Questions?

Submit written comments to Elois Johnson, Paralegal, Department of Environmental Quality, 1520 E. Sixth Avenue, P.O. Box 200901, Helena, Montana 59620-0901; faxed to (406) 444-4386; or e-mailed to ejohnson@mt.gov, no later than 5:00 p.m., October 6, 2011.

Annual Rate Submittals

- **Reminder**
- **Out in November**
- **Back in December**

Remediation System Responsibility

- **Flooding Impacts**
 - Gov request disaster for MT
 - Gov signed a disaster aid agreement w/ FEMA
- **Area Development**
 - Piping crossing Corridors consider 1st call

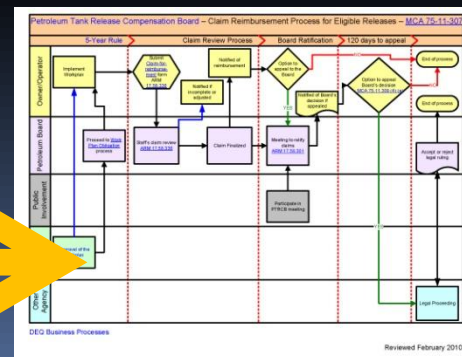
Compliance & Fund Reimbursement

- **Impacts of Warning Letters
& Notice of Violation**

NON-COMPLIANT



Rules
July 29, 2011



Shoreline Professional Field Kit: Communication Record
Registration for Shoreline Field Kit

Complete this form if you have not been previously registered for this program as an administrator or management personnel. If you have been previously registered, please skip to the "Registration for Shoreline Field Kit" section of this form.

Organization Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Phone Number: _____
Fax Number: _____
E-mail Address: _____

A. Contact Information: Please provide contact information for the local state agency responsible for the program and the local agency responsible for the program.

"Local State" Agency		"Local Agency" Responsible for the Program	
Name:	_____	Name:	_____
Address:	_____	Address:	_____
City:	_____	City:	_____
State:	_____	State:	_____
Zip:	_____	Zip:	_____
Phone Number:	_____	Phone Number:	_____
Fax Number:	_____	Fax Number:	_____
E-mail Address:	_____	E-mail Address:	_____

B. Registration for Shoreline Field Kit:

Name:	_____
Address:	_____
City:	_____
State:	_____
Zip:	_____
Phone Number:	_____
Fax Number:	_____
E-mail Address:	_____

C. Local Agency Responsible for the Program:

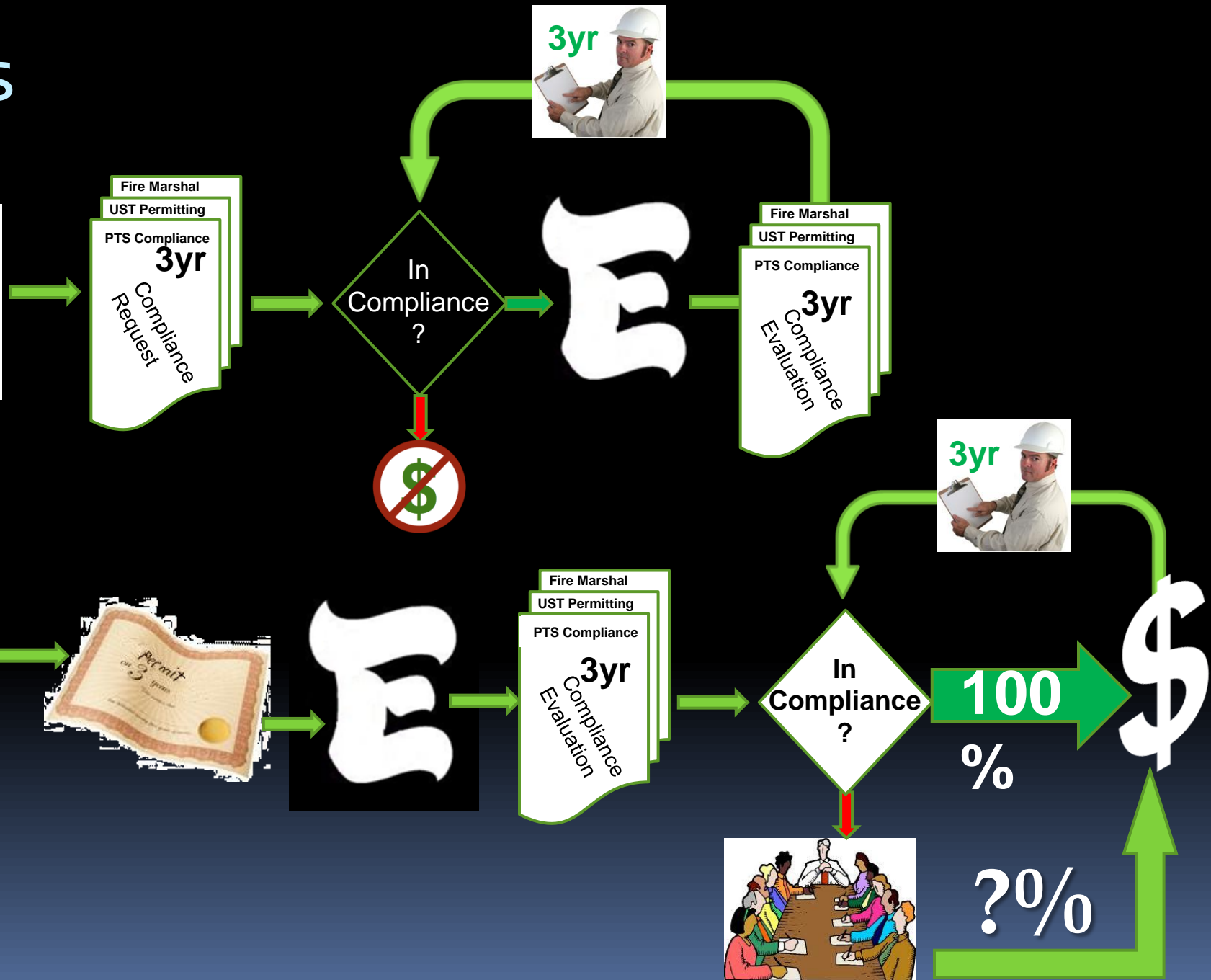
Name: _____	
Address:	_____
City:	_____
State:	_____
Zip:	_____
Phone Number:	_____
Fax Number:	_____
E-mail Address:	_____

D. Local Agency Responsible for the Program:

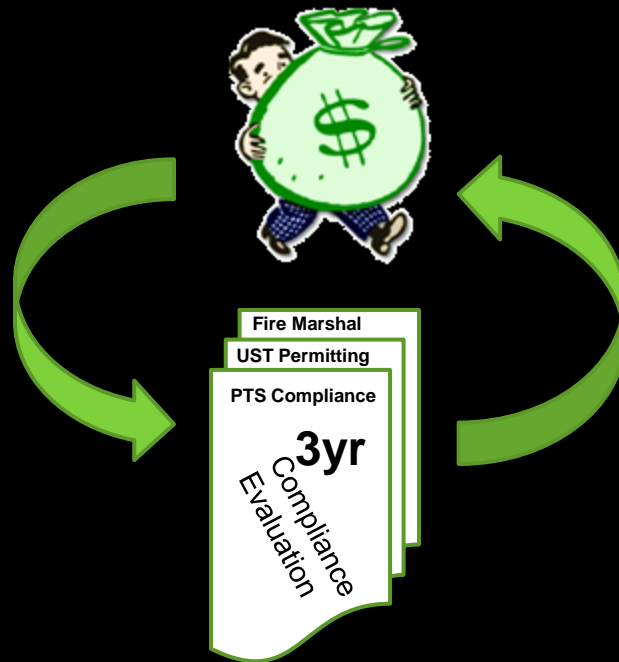
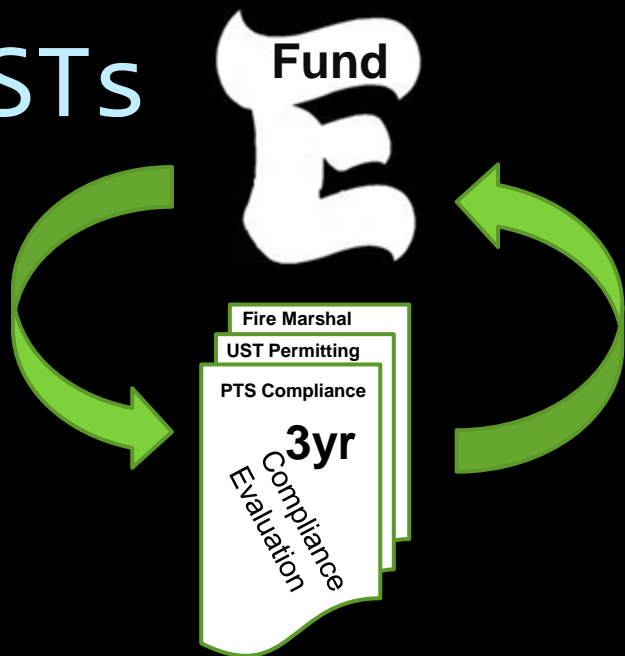
Name: _____	
Address:	_____
City:	_____
State:	_____
Zip:	_____
Phone Number:	_____
Fax Number:	_____
E-mail Address:	_____

Form

SHORELINE FIELD KIT (10/2007)



USTs



<u>Remediation</u>	<u>UST Permitting</u>
AO	AO
VLDA	VLE
VL	VL
WL	NC
NC	Maj
	Mod
	Min

<u>Remediation</u>	<u>UST Permitting</u>
AO	AO
VLDA	VLE
VL	VL
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